

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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47						
48						
49						
50						
TOTAL IND.	60					
TOTAL DEP.	12					
TOTAL CLAIMS	72					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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68	1					
69		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						